

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Lynch Family Chiropractic, PC

2. All other names debtor used in the last 8 years

DBA HealthSource of Rockford

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 26-2039163

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

3806 E State Street, Ste 101  
Rockford, IL 61108

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Winnebago

County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor Lynch Family Chiropractic, PC  
Name

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business** A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
 See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**8. Under which chapter of the Bankruptcy Code is the debtor filing?** Check one:

- ☒ Chapter 7  
☐ Chapter 9  
☐ Chapter 11. Check all that apply:  
☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.  
☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?** ☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?** ☐ No.  
☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	<u>Richard J Lynch</u>	Relationship	<u>Owner</u>
District	<u>ND IL WD</u>	When	_____
		Case number, if known	_____

Debtor Lynch Family Chiropractic, PC  
Name

Case number (if known)

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

**Where is the property?**

Number, Street, City, State & ZIP Code

**Is the property insured?**

☐ No

☐ Yes. Insurance agency

Contact name

Phone

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

☐ Funds will be available for distribution to unsecured creditors.

☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

**15. Estimated Assets**

☒ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

**16. Estimated liabilities**

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☒ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor Lynch Family Chiropractic, PC  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/16/2017  
MM / DD / YYYYX   
Signature of authorized representative of debtorRichard Lynch

Printed name

Title President**18. Signature of attorney**X   
Signature of attorney for debtorDate 08/16/2017  
MM / DD / YYYYBernard J. Natale

Printed name

Bernard J. Natale, Ltd

Firm name

Edgebrook Office Center  
1639 N. Alpine Road, Suite 401  
Rockford, IL 61107

Number, Street, City, State &amp; ZIP Code

Contact phone (815) 964-4700Email address natalelaw@bjnatalelaw.com2018683 Illinois

Bar number and State

**Fill in this information to identify the case:**

Debtor name Lynch Family Chiropractic, PC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

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An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/16/2017

X

  
Signature of individual signing on behalf of debtor

Richard Lynch  
Printed name

President  
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Lynch Family Chiropractic, PC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**  
Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**  
Copy line 91A from *Schedule A/B*..... \$ 36,601.00

1c. **Total of all property:**  
Copy line 92 from *Schedule A/B*..... \$ 36,601.00

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)  
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 356,785.66

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**  
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 60,000.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**  
Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 159,879.71

4. **Total liabilities** .....  
Lines 2 + 3a + 3b \$ 576,665.37

## Fill in this information to identify the case:

Debtor name Lynch Family Chiropractic, PCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206A/B

## Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

## 1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

## 2. Cash on hand

\$200.00

## 3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Rockford Bank & TrustChecking9866\$3,300.003.2. Alpine BankChecking1900\$100.00

## 4. Other cash equivalents (Identify all)

## 5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$3,600.00**Part 2: Deposits and Prepayments**

## 6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable**

## 10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

Debtor Lynch Family Chiropractic, PC Case number (If known) \_\_\_\_\_  
Name

11. **Accounts receivable**

11a. 90 days old or less: 40,000.00 - 20,000.00 = .... \$20,000.00  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$20,000.00

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies <i>Vitamins and Supplements</i>	<u>07/2017</u>	<u>\$0.00</u>	<u>Recent cost</u>	<u>\$100.00</u>

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$100.00

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No  
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**



Debtor Lynch Family Chiropractic, PC Case number (If known) \_\_\_\_\_  
Name

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	<b>Office furniture</b> <i>Small complement of office equipment and furnishings</i>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$200.00</u>
40.	<b>Office fixtures</b>			
41.	<b>Office equipment, including all computer equipment and communication systems equipment and software</b> <i>3 computers and accessories</i>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$200.00</u>

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** Add lines 39 through 42. Copy the total to line 86. \$400.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No  
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	<b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1.	<u>2011 Dodge Durango</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$11,000.00</u>
48.	<b>Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	<b>Aircraft and accessories</b>			
50.	<b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b> <i>Complement of chiropractic equipment</i>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$1,500.00</u>

Debtor Lynch Family Chiropractic, PC Case number (If known) \_\_\_\_\_  
Name

**Orthotic Scanner & Equipment (Leased)** \$0.00 N/A \$0.00

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$12,500.00**

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No  
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations <b>Patient List</b>	<u>\$0.00</u>	<u>N/A</u>	<u>\$0.00</u>

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

**\$0.00**

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- ☒ No  
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No  
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

Debtor **Lynch Family Chiropractic, PC** Case number (If known) \_\_\_\_\_  
Name

**Part 11: All other assets**

**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

Current value of  
debtor's interest

71.	<b>Notes receivable</b> Description (include name of obligor) <b>Loans to officer (filed Chapter 7 Bankruptcy)</b>	<u>94,000.00</u>	-	<u>94,000.00</u>	=	<u>\$0.00</u>
		Total face amount		doubtful or uncollectible amount		

72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)

73.	<b>Interests in insurance policies or annuities</b> <b>NYLIC Term Insurance (assignment collateral to Rockford Bank &amp; Trust)</b>	<u>\$1.00</u>
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74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78.	<b>Total of Part 11.</b> Add lines 71 through 77. Copy the total to line 90.	<u>\$1.00</u>
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79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor Lynch Family Chiropractic, PC Case number (If known) \_\_\_\_\_  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$3,600.00</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$20,000.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$100.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$400.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$12,500.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$1.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$36,601.00</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$36,601.00</u>

Debtor name **Lynch Family Chiropractic, PC**

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) \_\_\_\_\_

12/15

### Best Case Bankruptcy

Debtor **Lynch Family Chiropractic, PC** Case number (if know) \_\_\_\_\_  
Name

- ☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.
- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

2.3	<b>Rockford Bank &amp; Trust Company</b> <small>Creditor's Name</small>  <b>PO Box 1748</b> <b>Rockford, IL 61110</b> <small>Creditor's mailing address</small>   <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b> <b>01/2010</b> <b>Last 4 digits of account number</b> <b>6995</b> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>SBA Loan- all business property, term life, 2nd mortgage on Richard Lynch's homestead</b> <hr/> Describe the lien <b>Blanket UCC on all business property; Assignment of Term Ins.; 2nd Mortgage</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$240,000.00</u> <u>\$68,501.00</u>
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2.4	<b>Rockford Bank &amp; Trust Company</b> <small>Creditor's Name</small>  <b>PO Box 1748</b> <b>Rockford, IL 61110</b> <small>Creditor's mailing address</small>   <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b> <b>8693</b> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>Term Loan - all business property, term life, 2nd mortgage on Richard Lynch's homestead</b> <hr/> Describe the lien <b>Blanket UCC on all business property; Assignment of Term Ins.; 2nd Mortgage</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$41,000.00</u> <u>\$68,501.00</u>
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2.5	<b>Rockford Bank &amp; Trust Company</b> <small>Creditor's Name</small>  <b>PO Box 1748</b> <b>Rockford, IL 61110</b> <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien <b>Line of Credit- all business property, term life, 2nd mortgage on Richard Lynch's homestead</b> <hr/> Describe the lien	<u>\$64,000.00</u> <u>\$68,501.00</u>
-----	--	---	--

Debtor **Lynch Family Chiropractic, PC**  
Name

Case number (if know) \_\_\_\_\_

**Blanket UCC on all business property;  
Assignment of Term Ins.; 2nd mortgage**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number

**8807**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$356,785.66**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Small Business Administration  
500 W. Madison Street - Suite 1250  
Chicago, IL 60661-2511**

Line **2.3**

**6995**

**Fill in this information to identify the case:**

Debtor name **Lynch Family Chiropractic, PC**

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Internal Revenue Service Centralized Insolvency PO Box 7346 Philadelphia, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$60,000.00</b>	<b>\$60,000.00</b>
	Date or dates debt was incurred _____	Basis for the claim: <b>Taxes</b>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>American Express  PO Box 297814 Fort Lauderdale, FL 33329-7879</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$27,988.51</b>
	Date(s) debt was incurred _____	Basis for the claim: <b>Credit Card</b>	
	Last 4 digits of account number <b>3009</b>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address <b>Bank of America PO Box 982238 El Paso, TX 79998-2238</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$8,738.47</b>
	Date(s) debt was incurred _____	Basis for the claim: <b>Business Credit Card</b>	
	Last 4 digits of account number <b>8075</b>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	<u><b>Lynch Family Chiropractic, PC</b></u> Name	Case number (if known) _____
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3.3	Nonpriority creditor's name and mailing address <b>Bank of America</b> <b>PO Box 982234</b> <b>El Paso, TX 79998-2234</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u><b>5353</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u><b>\$35,912.35</b></u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>Credit Card</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address <b>Funding Circle USA Inc</b> <b>PO Box 398383</b> <b>San Francisco, CA 94139-8383</b>  Date(s) debt was incurred <u><b>10/2016</b></u> Last 4 digits of account number <u><b>6448</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u><b>\$36,086.40</b></u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>Business Loan and Security Agreement</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address <b>Olson Enterprises LLC</b> <b>4010 E State Street</b> <b>Rockford, IL 61108</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u><b>0103</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u><b>\$5,000.00</b></u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>Inv. #4366 and balance forward</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address <b>OnDeck Capital</b> <b>Client Services</b> <b>901 N Stuart Street, Ste. 700</b> <b>Arlington, VA 22203</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u><b>4509</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u><b>\$13,500.00</b></u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>Business Line of Credit</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address <b>Safeguard Business Systems</b> <b>Attn: Deb Moudy</b> <b>PO Box 467</b> <b>Mendota, IL 61342</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u><b>M21D</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u><b>\$251.29</b></u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>Business Invoice #032261761</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address <b>USBank</b> <b>Cardmember Services</b> <b>PO Box 6353</b> <b>Fargo, ND 58125-6353</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u><b>4178</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u><b>\$2,402.69</b></u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>HealthSource Business Credit Card</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address <b>Wells Fargo Business Direct</b> <b>MAC S4101-050</b> <b>PO Box 29482</b> <b>Phoenix, AZ 85038-9482</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u><b>2548</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u><b>\$30,000.00</b></u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>Business Credit Card</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor **Lynch Family Chiropractic, PC** Case number (if known) \_\_\_\_\_  
Name

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>FC Marketplace LLC</b> <b>747 Front Street</b> <b>4th Floor</b> <b>San Francisco, CA 94111</b>	Line <u><b>3.4</b></u>  <input type="checkbox"/> Not listed. Explain _____	<u><b>6448</b></u>
4.2	<b>Internal Revenue Service</b> <b>Mail Stop 5013 CHI</b> <b>230 S. Dearborn St.</b> <b>Chicago, IL 60604</b>	Line <u><b>2.1</b></u>  <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
 Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u><b>60,000.00</b></u>
5b. +	\$ <u><b>159,879.71</b></u>
5c.	\$ <u><b>219,879.71</b></u>

Fill in this information to identify the case:

Debtor name Lynch Family Chiropractic, PC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Orthotics Scanner and Equipment**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**MOJO Feet  
4925 S. Santa Fe Drive  
Suite 400  
Littleton, CO 80120**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Commercial lease**

State the term remaining **2 1/2 years**

List the contract number of any government contract \_\_\_\_\_

**Olson Enterprises LLC  
4010 E State Street  
Rockford, IL 61108**

Fill in this information to identify the case:

Debtor name Lynch Family Chiropractic, PC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1	<b>Richard Lynch</b>	<b>5173 Pepper Drive Rockford, IL 61114</b>	<b>Citizens One Auto Finance</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.2	<b>Richard Lynch</b>	<b>5173 Pepper Drive Rockford, IL 61114</b>	<b>Rockford Bank &amp; Trust Company</b>	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.3	<b>Richard Lynch</b>	<b>5173 Pepper Drive Rockford, IL 61114</b>	<b>Rockford Bank &amp; Trust Company</b>	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.4	<b>Richard Lynch</b>	<b>5173 Pepper Drive Rockford, IL 61114</b>	<b>Rockford Bank &amp; Trust Company</b>	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.5	<b>Richard Lynch</b>	<b>5173 Pepper Drive Rockford, IL 61114</b>	<b>Dell Business Credit</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Lynch Family Chiropractic, PC** Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6 **Richard Lynch** **5173 Pepper Drive**  
**Rockford, IL 61114**

**Olson Enterprises**

☐ D \_\_\_\_\_  
☐ E/F \_\_\_\_\_  
☒ G **2.2**

**Fill in this information to identify the case:**

Debtor name Lynch Family Chiropractic, PC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**  
From 1/01/2017 to Filing Date

☒ Operating a business  
☐ Other \_\_\_\_\_

\$261,173.76

**For prior year:**  
From 1/01/2016 to 12/31/2016

☒ Operating a business  
☐ Other \_\_\_\_\_

\$481,860.00

**For year before that:**  
From 1/01/2015 to 12/31/2015

☒ Operating a business  
☐ Other \_\_\_\_\_

\$591,427.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **Lynch Family Chiropractic, PC**

Case number (if known) \_\_\_\_\_

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

#### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
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#### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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### Part 3: Legal Actions or Assignments

#### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

### Part 4: Certain Gifts and Charitable Contributions

#### 9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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### Part 5: Certain Losses

#### 10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Debtor **Lynch Family Chiropractic, PC**

Case number (if known) \_\_\_\_\_

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
<b>Bank account compromised through suspicious activity on account</b>	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p> <p><b>Activity monitored by bank, charges denied and debtor ultimately sustained no loss other than overdraft fees estimated herein.</b></p>	<b>06/2017</b>	<b>\$400.00</b>

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. <b>Bernard J. Natale, Ltd</b> <b>Edgebrook Office Center</b> <b>1639 N. Alpine Road, Suite 401</b> <b>Rockford, IL 61107</b>	<b>Attorney Fees &amp; Costs</b>	<b>08/2017</b>	<b>\$3,000.00</b>
Email or website address <b>natalelaw@bjnatalelaw.com</b>			
Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply



Debtor Lynch Family Chiropractic, PC

Case number (if known) \_\_\_\_\_

Address

Dates of occupancy  
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. <b>Lynch Family Chiropractic, PC</b> <b>3806 E State Street, Ste 101</b> <b>Rockford, IL 61108</b>	<b>Chiropractic</b>	<b>300</b>
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. <b>Debtor's business site</b>	How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

**Patient address, phone, and social security**

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

Debtor Lynch Family Chiropractic, PC

Case number (if known) \_\_\_\_\_

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<b>Rockford Bank &amp; Trust Company</b> <b>PO Box 1748</b> <b>Rockford, IL 61110</b>	<b>XXXX-9973</b>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	<b>06/2017</b>	<b>\$0.00</b>

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

Debtor **Lynch Family Chiropractic, PC**

Case number (if known) \_\_\_\_\_

- ☒ No.  
☐ Yes. Provide details below.

Case title  
Case number

Court or agency name and  
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business**

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

25.1. **Lynch Family Chiropractic  
PC  
3806 E State Street  
Suite 101  
Rockford, IL 61108**

**Chiropractic Services**

EIN: **26-2039163**

From-To **2008-2017**

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address

Date of service

From-To

26a.1. **Angela Galloway  
AGI Tax Solutions LLC  
4075 N Perryville Rd  
Loves Park, IL 61111-8653**

**2008 -2017**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Debtor Lynch Family Chiropractic, PC

Case number (if known) \_\_\_\_\_

Name and address	Date of service From-To
26b.1. <b>Angela Galloway</b> <b>AGI Tax Solutions LLC</b> <b>4075 N Perryville Rd</b> <b>Loves Park, IL 61111-8659</b>	<b>2008 - 2017</b>

Name and address	Date of service From-To
26b.2. <b>Richard Lynch</b> <b>5173 Pepper Drive</b> <b>Rockford, IL 61114</b>	<b>2008 - 2017</b>

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <b>Richard Lynch</b> <b>5173 Pepper Drive</b> <b>Rockford, IL 61114</b>	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address
26d.1. <b>Rockford Bank &amp; Trust Company</b> <b>PO Box 1748</b> <b>Rockford, IL 61110</b>

## 27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<b>Richard Lynch</b>	<b>5173 Pepper Drive</b> <b>Rockford, IL 61114</b>	<b>President</b>	<b>100%</b>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

## 30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

Debtor **Lynch Family Chiropractic, PC**

Case number (if known) \_\_\_\_\_

- ☐ No
- ☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	<b>Richard Lynch</b> <b>5173 Pepper Drive</b> <b>Rockford, IL 61114</b>	<b>\$98,149</b> <b>\$175,039</b>	<b>2016</b>	<b>Wages</b> <b>Distributions (per K-1)</b>
	Relationship to debtor <b>Owner/President</b>			
30.2	<b>Richard Lynch</b> <b>5173 Pepper Drive</b> <b>Rockford, IL 61114</b>	<b>\$31,250.00</b> <b>\$40,200.00</b>	<b>YTD 2017</b>	<b>Wages</b> <b>Distributions</b>
	Relationship to debtor <b>Owner/President</b>			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Debtor Lynch Family Chiropractic, PC

Case number (if known) \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

08/16/2017Richard Lynch

Signature of individual signing on behalf of the debtor

Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No☐ Yes

United States Bankruptcy Court  
Northern District of Illinois

In re Lynch Family Chiropractic, PC

Debtor(s)

Case No.  
Chapter 7

**BUSINESS INCOME AND EXPENSES**

**FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS** (NOTE: ONLY INCLUDE information directly related to the business operation.)

**PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:**

1. Gross Income For 12 Months Prior to Filing: \$ 37,310.54

**PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:**

2. Gross Monthly Income \$ 37,310.54

**PART C - ESTIMATED FUTURE MONTHLY EXPENSES:**

3. Net Employee Payroll (Other Than Debtor) \$ 7,887.50

4. Payroll Taxes 1,064.25

5. Unemployment Taxes 0.00

6. Worker's Compensation 0.00

7. Other Taxes 398.75

8. Inventory Purchases (Including raw materials) 0.00

9. Purchase of Feed/Fertilizer/Seed/Spray 0.00

10. Rent (Other than debtor's principal residence) 700.57

11. Utilities 431.79

12. Office Expenses and Supplies 1,401.19

13. Repairs and Maintenance 96.43

14. Vehicle Expenses 325.67

15. Travel and Entertainment 201.04

16. Equipment Rental and Leases 0.00

17. Legal/Accounting/Other Professional Fees 1,153.57

18. Insurance 637.68

19. Employee Benefits (e.g., pension, medical, etc.) 0.00

20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify):

DESCRIPTION

TOTAL

21. Other (Specify):

DESCRIPTION

TOTAL

**Advertising & Promotions**

**282.02**

**Bank & Credit Card Charges**

**513.55**

**Depreciation**

**232.75**

**Dues and Subscriptions**

**96.66**

**Interest Expenses**

**2,113.48**

**Telephone and Communications**

**766.26**

**Outside Services**

**801.31**

**Royalties**

**1,071.43**

**Seminars, Education & Books**

**8.43**

**Other Expenses**

**4,500.35**

**Officer Wages**

**5,157.14**

22. Total Monthly Expenses (Add items 3-21) \$ 29,841.82

**PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:**

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2) \$ 7,468.72

United States Bankruptcy Court  
Northern District of Illinois

In re Lynch Family Chiropractic, PC

Debtor(s)

Case No.

Chapter

7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- |   |    |                 |
|---|----|-----------------|
| For legal services, I have agreed to accept           | \$ | <u>2,665.00</u> |
| Prior to the filing of this statement I have received | \$ | <u>2,665.00</u> |
| Balance Due   | \$ | <u>0.00</u>     |
2. \$ 335.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:  
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:  
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
  - [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

08/16/2017  
Date

  
Bernard J. Natale 2018683 Illinois  
Signature of Attorney  
Bernard J. Natale, Ltd  
Edgebrook Office Center  
1639 N. Alpine Road, Suite 401  
Rockford, IL 61107  
(815) 964-4700 Fax: (815) 316-4646  
natalalaw@bjnatalalaw.com  
Name of law firm



### Chapter 7 Bankruptcy Fee Agreement

Federal law requires the execution of a written agreement between attorney and client for Bankruptcy representation. Signing this agreement shall engage the services of **Bernard J. Natale, Ltd.**, hereinafter "**Attorney**" for Bankruptcy representation pursuant to Title 11, United States Code.

*Whereas*, LYNCH FAMILY CHIROPRACTIC, PC c/o: <sup>RICHARD</sup> ROBERT J. LYNCH, PRESIDENT desires to engage the services of **Attorney** to represent client's interest in connection with Bankruptcy Proceedings, to be filed within four (4) months of this Agreement, **Attorney** and client do hereby agree:

1. ☒ Client shall pay to **Attorney** for the services described below in paragraph 2, the base fee of \$ 2665.00 plus costs of \$335.00, prior to case filing.
2. ☒ The **Attorney** base fee shall include services rendered *pre-petition* as follows: **Attorney** shall interview client, analyze, prepare and file a Chapter 7 Bankruptcy Petition and appear at the first meeting of creditors held pursuant to 11 U.S.C. 341. **Attorney** shall further review and advise with respect to reaffirmation agreements. *Whether or not a Chapter 7 bankruptcy petition is filed, all fees paid are not refundable.*
3. ☒ After the filing of a Chapter 7 Bankruptcy Petition, as contemplated herein, any other services provided by **Attorney** deemed necessary and incidental to the bankruptcy proceeding shall be considered *post-petition* services not contemplated by the fee agreed to in paragraph 1. The base fee does not include preparation of amendments to Bankruptcy Schedules, including, but not limited to, amended schedules to add creditors not listed in the original petition. These services will be billed at **Attorney's** hourly rate plus cost of Court filing fees.
4. ☒ The base fee does not include representation in any *post-petition* services which may occur, including, but not limited to, court appearances for dischargeability issues, judicial lien avoidances, relief from stay actions, or any adversary proceedings. These services will be billed at **Attorney's** hourly rate plus cost of Court filing fees, client will be billed and, by signature below, agrees to pay, *post-petition*.
5. ☒ The failure of client to pay for *post-petition* services when the same become due and payable, as set forth above, shall constitute cause for **Attorney** to withdraw as attorney of record and cease all further services to client. Any withdrawal as attorney for client shall not be deemed a waiver of fees due and payable. *Client agrees to pay all reasonable costs of collection of any unpaid fees and costs, including reasonable attorney fees incurred in collection.*
6. ☒ By executing this agreement, client agrees that she has had an opportunity to discuss the agreement with **Attorney**, has asked any questions that have arisen, and has received understandable explanations for the questions, and is fully aware of the information contained herein.
7. ☒ If the Debtor is any entity other than individuals, those individuals signing this contract on behalf of Debtor as client, does hereby personally guarantee payment of fees.

CLIENT

Date:

BERNARD J. NATALE, LTD.

  
ROBERT J. LYNCH, President

By: 

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re Lynch Family Chiropractic, PC

Debtor(s)

Case No.  
Chapter


7

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: 18

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: 08/16/2017

  
Richard Lynch/President  
Signer/Title

Bank of America  
PO Box 982238  
El Paso, TX 79998-2238

OnDeck Capital  
Client Services  
901 N Stuart Street, Ste. 700  
Arlington, VA 22203

Bank of America  
PO Box 982234  
El Paso, TX 79998-2234

Richard Lynch  
5173 Pepper Drive  
Rockford, IL 61114

Citizens One Auto Finance  
ROP18P  
PO Box 7000  
Providence, RI 02940

Rockford Bank & Trust Company  
PO Box 1748  
Rockford, IL 61110

Dell Business Credit  
c/o: DFS Customer Care Dept  
PO Box 81577  
Austin, TX 78708-1577

Safeguard Business Systems  
Attn: Deb Moudy  
PO Box 467  
Mendota, IL 61342

FC Marketplace LLC  
747 Front Street  
4th Floor  
San Francisco, CA 94111

Small Business Administration  
500 W. Madison Street - Suite 1250  
Chicago, IL 60661-2511

Funding Circle USA Inc  
PO Box 398383  
San Francisco, CA 94139-8383

USBank  
Cardmember Services  
PO Box 6353  
Fargo, ND 58125-6353

Internal Revenue Service  
Centralized Insolvency  
PO Box 7346  
Philadelphia, PA 19101-7346

Wells Fargo Business Direct  
MAC S4101-050  
PO Box 29482  
Phoenix, AZ 85038-9482

Internal Revenue Service  
Mail Stop 5013 CHI  
230 S. Dearborn St.  
Chicago, IL 60604

MOJO Feet  
4925 S. Santa Fe Drive  
Suite 400  
Littleton, CO 80120

United States Bankruptcy Court  
Northern District of Illinois

In re Lynch Family Chiropractic, PC

Debtor(s)

Case No.  
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**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Lynch Family Chiropractic, PC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☐ None [Check if applicable]

Date

08/16/2017



Bernard J. Natale 2018683 Illinois

Signature of Attorney or Litigant

Counsel for Lynch Family Chiropractic, PC

Bernard J. Natale, Ltd

Edgebrook Office Center

1639 N. Alpine Road, Suite 401

Rockford, IL 61107

(815) 964-4700 Fax: (815) 316-4646

natalelaw@bjnatalelaw.com